

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097155642 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
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44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			1			
TOTAL DEP.			28			
TOTAL CLAIMS			29			

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					